IRA TRANSFER REQUEST FORM

The* ***IRA Transfer Request Form* *is used to facilitate the transfer of assets between two IRAs. This form may be used to transfer Traditional, Roth, SEP, Beneficiary/Inherited or SIMPLE IRA assets from one IRA Trustee/Custodian/Issuer to another. This form should not be used to facilitate a rollover of assets from an employer-sponsored qualified plan or to convert Traditional, SEP or SIMPLE IRA assets to a Roth IRA. If you have any questions regarding this form, please call Shareholder Services at 1-844-300-7828. Note: Please complete a New Account Agreement if you do not already have an account established.*

PART I: IRA OWNER INFORMATION (RECEIVING IRA) (*DENOTES REQUIRED INFORMATION)

Owner's Name* (First, M.I., Last)		Date of Birth*	Social Security Number*	
Street Address (Physical Address)*	Apartment #	City*	State*	Zip Code*
Mailing Address (if different from above)		City	State	Zip Code
Daytime Phone*		Evening Phone		

PART II: CURRENT IRA TRUSTEE, CUSTODIAN OR ISSUER

Name of Current IRA Trustee/Custodian/Issuer*		Current IRA Account/Plan Number/Fund Name*		
P. O. Box*	Suite #	City*	State*	Zip Code*
Name of Contact*		Contact's Phone Number*	Account #	

***Note**: If you wish to have paperwork sent overnight, please provide the physical street address.

PART III: TRANSFER DESCRIPTION (PLEASE ATTACH A STATEMENT)

Type of Transfer (Select One)

☐ Traditional/SEP IRA-to-Traditional/SEP IRA ☐ SIMPLE IRA-to-SIMPLE IRA ☐ Roth IRA-to-Roth IRA
☐ Beneficiary IRA-to-Beneficiary IRA ☐ SIMPLE IRA-to-Traditional/SEP IRA*

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*You may not transfer SIMPLE IRA assets to a Traditional IRA until at least two years have elapsed from the time of your initial participation in your employer-sponsor SIMPLE IRA plan.

PART IV: TRANSFER INSTRUCTIONS

☐ This is a new account; a completed Cross Shore Discovery Fund Subscription Agreement is attached.
☐ The proceeds of this transfer will purchase shares into my existing Cross Shore Discovery Fund account as listed below.

Account Number________________________

Transfer Allocation

All proceeds to be invested in the Cross Shore Discovery Fund in its entirety.

PART V: LIQUIDATION/TRANSFER INSTRUCTIONS

I authorize and direct the current IRA Trustee, Custodian or Issuer to liquidate/transfer assets as follows (select one).

☐ Immediately liquidate all assets and send the cash proceeds to the new IRA Trustee/Custodian identified below.

☐ Partially liquidate ________% or approx. $__________________of the current IRA account and send the proceeds to the new IRA Trustee/Custodian identified below. (Note to IRA Owner: Attach additional written liquidation instructions, if necessary.)

☐ Other (describe):____

***Note:** If you are transferring a Certificate of Deposit (CD), mail this form at least 14 days, but not more than 21 days before the maturity date.

Please send wire to:

FIRST NATIONAL BANK OF OMAHA
ABA: 104000016
ATTN Cross Shore Discovery Fund
DDA 731432840
FFC – *[CUSTOMER NAME]*

ACCOUNT # ___________________

PART VI: INSTRUCTIONS REGARDING REQUIRED MINIMUM DISTRIBUTION (RMD)

***Note: Complete this section only if the current (i.e., distributing) IRA is subject to Required Minimum Distributions (RMDs).**

☐ I have already satisfied my RMD for the year
☐ Distribute my RMD to me prior to transferring the IRA assets
☐ Include the amount that represents my RMD in the Transfer.
☐ Segregate and retain my RMD amount.

Special Instructions: ____

PART VII: ACKNOWLEDGEMENTS

By signing this *IRA Transfer Request Form,* I certify that the information I have provided is true and correct. I authorize the current IRA Trustee/Custodian to transfer the IRA assets as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this transfer and I assume all responsibilities for any consequences that arise as a result of my actions. I agree to indemnify and hold the IRA Trustee/Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the IRA Trustee/Custodian. I also understand that if this transfer involves a SIMPLE IRA, or if I am subject to the required minimum distribution requirements, special rules apply; and I assume responsibility for my actions regarding those issues.

Signature of IRA Owner (or other authorized person): X ____ Date: ________________

PART VIII: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE

A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program ("STAMP")
- Commercial banks which are members of the Federal Deposit Insurance Corporation ("FDIC")
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charger to provide new technology medallion signature guarantee stamps (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges
- Foreign branches of any of the above

***Note:** The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.

NEW TECHNOLOGY MEDALLION
SIGNATURE GUARANTEE STAMP

PART IX: LETTER OF ACCEPTANCE (TO BE COMPLETED BY NEW CUSTODIAN)

By signing below, the Trustee/Custodian of the receiving IRA agrees to accept this transfer as instructed above.

Signature of Receiving IRA Trustee/Custodian Representative: X____Date:______________

MAILING INSTRUCTIONS

Please send completed form to:

Regular Mail Delivery
Cross Shore Discovery Fund
P.O. Box 46707
Cincinnati, OH 45246-0707

Overnight Delivery
Cross Shore Discovery Fund
225 Pictoria Dr, Suite 450
Cincinnati, OH 45246